

<i>SERFF Tracking Number:</i>	<i>AGNN-125770436</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Variable Annuity Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39911</i>
<i>Company Tracking Number:</i>	<i>VR389-08</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>VR389-08</i>		
<i>Project Name/Number:</i>	<i>Amendatory Endorsement for Waiver Of Early Withdrawal Charges/VR389-08</i>		

## Filing at a Glance

Company: The Variable Annuity Life Insurance Company

Product Name: VR389-08

SERFF Tr Num: AGNN-125770436 State: ArkansasLH

TOI: A02I Individual Annuities- Deferred Non-Variable

SERFF Status: Closed

State Tr Num: 39911

Sub-TOI: A02I.002 Flexible Premium

Co Tr Num: VR389-08

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Adrienne Redd

Disposition Date: 08/14/2008

Date Submitted: 08/12/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Amendatory Endorsement for Waiver Of Early Withdrawal Charges

Status of Filing in Domicile: Not Filed

Project Number: VR389-08

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Simultaneously Filing in Texas

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/14/2008

State Status Changed: 08/14/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

August 11, 2008

VIA SERFF

SERFF Tracking Number: AGNN-125770436 State: Arkansas  
Filing Company: The Variable Annuity Life Insurance Company State Tracking Number: 39911  
Company Tracking Number: VR389-08  
TOI: A021 Individual Annuities- Deferred Non- Sub-TOI: A021.002 Flexible Premium  
Variable  
Product Name: VR389-08  
Project Name/Number: Amendatory Endorsement for Waiver Of Early Withdrawal Charges/VR389-08

Re: The Variable Annuity Life Insurance Company

NAIC# 70238

FEIN# 74-1625348

Form# VR389-08 Amendatory Endorsement for Waiver of Early Withdrawal Charges

Dear Mr. / Ms. :

This form is submitted for your review and approval. This filing does not contain any unusual or controversial items. The form is new and does not replace any forms previously approved by your Department. To the best of our knowledge, information and belief, the forms submitted herewith are in compliance with the provisions of the insurance laws, rules, regulations and bulletins of your state. Such forms contain no provisions previously disapproved by your Department.

Form VR389-08 is an Amendatory Endorsement for Waiver of Early Withdrawal Charges that will be attached to and become part of our annuity contracts. The Amendatory Endorsement waives early withdrawal charges and any negative or positive Market Value Adjustment, if applicable, in accordance with the provisions outlined in the endorsement.

Please contact me at 713.831.8707 or via e-mail at [adrienne.redd@aigretirement.com](mailto:adrienne.redd@aigretirement.com) if I can assist with your review. I look forward to your formal notification of approval.

Sincerely,

Adrienne Redd

Legal Analyst

Enclosures

## Company and Contact

### Filing Contact Information

Adrienne Redd,

[adrienne.redd@aigretirement.com](mailto:adrienne.redd@aigretirement.com)

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2919 Allen Parkway (713) 831-8707 [Phone]  
Houston, TX 77019 (713) 831-6932[FAX]

**Filing Company Information**

The Variable Annuity Life Insurance Company CoCode: 70238 State of Domicile: Texas  
2929 Allen Parkway, L10-30 Group Code: 11 Company Type:  
Houston, TX 77019 Group Name: State ID Number:  
(713) 831-1305 ext. [Phone] FEIN Number: 74-1625348  
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## Filing Fees

*Fee Required?* Yes  
*Fee Amount:* \$90.00  
*Retaliatory?* Yes  
*Fee Explanation:* TX's filing fee is \$100 per form  
*Per Company:* No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Variable Annuity Life Insurance Company	\$100.00	08/12/2008	21896568

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	08/14/2008	08/14/2008

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## **Disposition**

Disposition Date: 08/14/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Form	Amendatory Endorsement for Waiver Of Early Withdrawal Charges		Yes

SERFF Tracking Number: AGNN-125770436 State: Arkansas

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Variable

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## Form Schedule

Lead Form Number: VR389-08

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	VR389-08	Policy/Cont	Amendatory ract/Fratern al Waiver Of Early Certificate: Withdrawal Charges Amendmen t, Insert Page, Endorseme nt or Rider	Initial		48	VR389-08_ActOfDail yLivingWaiver .pdf

**THE VARIABLE ANNUITY LIFE INSURANCE COMPANY  
HOUSTON, TEXAS**

**Amendatory Endorsement for Waiver Of Early Withdrawal Charges**

This endorsement is made a part of the annuity policy to which it is attached. This endorsement is effective on the annuity's Policy Date. In case of conflict between the provisions of the policy and those of this endorsement, this endorsement will prevail.

This endorsement amends your policy to provide for the waiver of early withdrawal charges and any negative or positive Market Value Adjustment in accordance with the provisions outlined below.

**1. DEFINITIONS**

a. **Activities of Daily Living – Activities of Daily Living are:**

1. Bathing: Washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.
2. Continence: The ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating: Feeding oneself by getting food into the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting: Getting to and from the toilet, getting on and off of the toilet, and performing associated personal hygiene.
6. Transferring: Moving into or out of a bed, chair or wheelchair.

b. **Certification Period** – The period beginning on the date a Licensed Health Care Practitioner certifies that the Owner is unable to perform at least 2 of the 6 Activities of Daily Living, as defined above, and ending 90 days later. The date of certification cannot be before the end of the Deferral Period.

c. **Deferral Period** – The period beginning on the Policy Date and ending on the first Policy Anniversary.

d. **Due Proof** – Includes, but is not limited to, a letter signed by a Licensed Health Care Practitioner certifying that the Owner cannot perform 2 of the 6 Activities of Daily Living for at least 90 consecutive days.

e. **Immediate Family** – Your spouse, children, parents, grandparents, grandchildren, siblings or corresponding in-laws.

- f. **Licensed Health Care Practitioner** – A licensed physician, medical doctor or doctor of osteopathy, registered nurse or licensed social worker acting within the scope of his or her license at the time the treatment or service is performed. The Licensed Health Care Practitioner must not be a member of your Immediate Family.
- g. **Owner** – the primary owner and any joint owner, collectively. If the Owner is a non-natural person, the Annuitant shall be treated as the Owner for purposes of this endorsement.

## 2. RIDER BENEFIT

After the Certification Period, the Company will waive any applicable early withdrawal charge or any positive or negative Market Value Adjustment if:

- a. A Licensed Health Care Practitioner first certifies that the Owner is unable to perform at least 2 of the 6 Activities of Daily Living, as defined above, for at least 90 consecutive days; and
- b. Certification by a Licensed Health Care Practitioner occurs after the Deferral Period.

## 3. TERMINATION

This endorsement will terminate on:

- a. the date the annuity policy terminates;
- b. the date income payments begin under an income plan option;
- c. the date of the Owner's death, unless the spouse continues the annuity under the provisions of the Internal Revenue Code §72(s)(3);

All other terms and conditions of the policy (as modified by any other attached endorsement) remain unchanged.



**SECRETARY**



**PRESIDENT**

<i>SERFF Tracking Number:</i>	<i>AGNN-125770436</i>	<i>State:</i>	<i>Arkansas</i>
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

08/11/2008

**Comments:**

**Attachment:**

FLESCH-AR.doc

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